

Arnold Richard

EMERGENCY ROOM RECORD
Community Hospital, Inc.
Tallapoosa, Alabama Ph: 334/283-6541

Arrival Date: 1/18/07 AM PM Per: J Ambulance Date: 1/18/07 Other: ☐ Other

PATIENT NUMBER: 620424 TYPE: RM- PATIENT NAME: P/T-E/R AGE: 12 SEX: M/B DATE OF SERVICE: 1/18/07 TIME: 11:00 AM CLERK INT.

ADDRESS - LINE 1: ADDRESS - LINE 2: CITY: STATE: ZIP CODE: TELEPHONE:

PATIENT BEN: 620424 RM- P/T-E/R CONTRACT OR GROUP NUMBER: DATE: PLACE: TIME: EVENT:

INSURANCE: C: 620424 RM- P/T-E/R CONTRACT OR GROUP NUMBER: DATE: PLACE: TIME: EVENT:

GUARANTOR: WALKER MOL 10/10/05 B/D-02/24/05 CITY: STATE: ZIP CODE: GUAR. TELEPHONE:

GUARANTOR EMPLOYER: GUARANTOR OCCUPATION: GUAR. EMPLOYER ADDRESS: GUAR. EMP. TELEPHONE:

PREV. SERVICE: PREV. SERV. DATE: IF MINOR - PARENT NAME: MED. REC. # FAMILY PHYSICIAN:

TIME: 11:00 AM PM Allergies: None

Home Meds: None

Chief Complaint: C/O Pain & bruising Lt. ant-hip, Lt-shoulder, Rt. ant-hip & Rt. a. back area. Hit & black sock by police @ Fight Booker T. Washington School hallway.

Cardiac Monitor: ☐ As Applied: ☐ Illar: ☐ O/S: ☐ Signature: R. Carroll Date: 1/18/07 Time: 11:00 AM PM

ASSESSMENT: Completed by: R. Carroll

Consciousness: Awake (Alert) Responsive: Verbal Pain Unresponsive Comatose Other: ☐ Speech: Coherent Incoherent Hysterical Slurred Abusive Other: ☐

Pupils: Equal Unequal Reactive L/R Dilated L/R Fixed L/R Pupil L/R Sluggish L/R Blind L/R Size: ☐ Color: ☐ Pupil: ☐ Flashed Cyanotic Jaundice Other: ☐

Skin: Normal Dry Hot Cool Moist Other: ☐ Pulse: Normal Rapid Slow Irregular Thready Bounding Other: ☐

Respiratory: Normal Labored Coughing Irregular Absent Other: ☐ Lungs: Clear R/S Rales L/R Rhonchi L/R Rales L/R Wheezing Other: ☐

Abdomen: Soft Nontender Distended Tender Rigid Other: ☐ Extremities: ROM WNL Edema Other: ☐

Tests: ☐ CXR ☐ EKG ☐ Rapid Strep ☐ CBC ☐ B5 ☐ Card Enzymes ☐ Blood Cult ☐ Urine Cult ☐ UA ☐ Chem 7 ☐ Chem 12 ☐ PT ☐ PTT ☐ LFT ☐ Other: ☐

Times: Made Ordered / Administered: Treatment Given:



Telene: LTD ☐ Yes ☐ No Amount Given: \$100.00 Lvl/Control: Co: ☐

Nurses Notes: Dr. M. Walker's office ok visit today. /ML
Consent for photographs signed by Dr's mother - See photographs & consent

AUTHORIZATION FOR TREATMENT

The undersigned has been informed of the treatment considered to be necessary and that the treatment and procedures will be performed by physicians, practitioners and/or employees of the hospital. Authorization is hereby granted for such treatment and procedures. The undersigned understands that a physician is to be selected by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise. The undersigned has read or had read to him/her, the above authorization and understands the same and certifies that no guarantee or assurance has been made to the results that may be obtained. This authorization must be signed by the nearest relative or guardian if the patient is a minor or is physically or mentally incompetent.

Signature of Patient / Guardian

Date

Relationship of Guardian

Witness

Date

QH-240

PLAINTIFF'S
EXHIBIT
3

520424 RH-
A- R- L
P O BOX 830122
PARAN MARK
WALKER HOL

X 12
TUSKEGEE
WALKER HOL
10/10/05

P/T-D/R

PROPERTY OF
FEDERAL BUREAU OF INVESTIGATION

EMERGENCY ROOM RECORD

Community Hospital, Inc., Tallahassee, Alabama 32309-6541

Data Obtained From: ☒ P.L. Family ☐ EMS ☐ Prior Records ☐ Other☐ Unable to Obtain Time of Assessment 1145 ☐ am ☐ pm

CHIEF COMPLAINT: <u>Multiple soft tissue injuries</u> <u>left pain + burning</u> <u>at anterior pelvic area</u> <u>① shoulder and ② thigh and pain, lower back</u>	
LOCATION: <u>see above</u>	SEVERITY: <u>Moderate</u>
TIMING: _____	QUALITY: <u>burning pain</u>
DURATION: <u>since falling</u>	CONTEXT: <u>was hit by Police & black jack</u>
MODIFYING FACTORS: <u>Pain is 10/10 movement</u> <u>It seems that it hurts bad when he moves</u>	ASSOC SIGNS/SYMPTOMS: <u>P/E, ① hand trauma</u>
PAST HX: DM ↑BP CA CVA CAD SEIZURES ↑LIPIDS RENAL DZ <input type="checkbox"/> Negative HX FAMILY HX: DM ↑BP CA CVA CAD SEIZURES ↑LIPIDS <input type="checkbox"/> Negative HX	
ILLNESS / INJURIES: _____	
SURGERIES / HOSPITALIZATIONS: _____	
SOCIAL HX: Tobacco ETOH <u>Wich Drugs</u> <u>None</u>	
IMMUNIZATIONS: <input type="checkbox"/> UTD (Childhood Flu Pneumo Tetanus)	
ALLERGIES: <u>Penicillin</u>	
ROB: _____	
GENERAL: <u>P/E</u>	RESP: <u>R/C</u>
SKIN: <u>see above</u>	GI: <u>P/NV</u>
EYES: <u>periorbital edema</u>	GU: <u>odynuria, ① hematuria</u>
ENMT: <u>pain 10/10 bleed</u>	MUSC: <u>see above</u>
CARD/VASC: _____	NEURO: <u>head trauma</u>
PSYCH: _____	
ENDQ: _____	
HEMALYMPH: _____	
ALLERGY/IMMUNE: _____	
PHYSICAL EXAM: <input checked="" type="checkbox"/> Unhindered by Condition <u>98 T 16 R 76 P 118/70 BP</u>	
GENERAL: <input type="checkbox"/> Normal (Well developed Well nourished) <input type="checkbox"/> Abnormal (Fever Lethargy, Wt. Loss Weakness N/V/D Fatigue)	
EYES: <input type="checkbox"/> Normal (PERL Fundi BOM) <input type="checkbox"/> Abnormal (Redness Blurred Vision Conjunctivitis Glaucoma)	
ENT: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Pharynx red Sinus congestion TM's red)	
NECK: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (JVD Lymphadenopathy Neck rigid Carotid bruit Gotta Tanderness)	
CV: <input type="checkbox"/> Normal (Rate Rhythm) <input type="checkbox"/> Abnormal (Murmur Rub Gallop Irregular pulse)	
RESP: <input type="checkbox"/> Normal (BBS Clear A & P) <input type="checkbox"/> Abnormal (Rhonchi Rales Wheezing Rub Dyspnea Pain JBS Cough)	
GI: <input type="checkbox"/> Normal (Soft BS Normal) <input type="checkbox"/> Abnormal (Tender Rebound Guarding Mass JBS TBS)	
GU: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Tender Discharge Mass)	
MS: <input type="checkbox"/> Normal (Pulse Cap Refl ROM) <input type="checkbox"/> Abnormal (Edema Tender ROM Deformity Weakness) <u>① hematuria is posterior lateral aspect</u> <u>of thigh - 4x4 - 5x5 - 6x6 - 7x7 - 8x8 - 9x9 - 10x10 - 11x11 - 12x12 - 13x13 - 14x14 - 15x15 - 16x16 - 17x17 - 18x18 - 19x19 - 20x20 - 21x21 - 22x22 - 23x23 - 24x24 - 25x25 - 26x26 - 27x27 - 28x28 - 29x29 - 30x30 - 31x31 - 32x32 - 33x33 - 34x34 - 35x35 - 36x36 - 37x37 - 38x38 - 39x39 - 40x40 - 41x41 - 42x42 - 43x43 - 44x44 - 45x45 - 46x46 - 47x47 - 48x48 - 49x49 - 50x50 - 51x51 - 52x52 - 53x53 - 54x54 - 55x55 - 56x56 - 57x57 - 58x58 - 59x59 - 60x60 - 61x61 - 62x62 - 63x63 - 64x64 - 65x65 - 66x66 - 67x67 - 68x68 - 69x69 - 70x70 - 71x71 - 72x72 - 73x73 - 74x74 - 75x75 - 76x76 - 77x77 - 78x78 - 79x79 - 80x80 - 81x81 - 82x82 - 83x83 - 84x84 - 85x85 - 86x86 - 87x87 - 88x88 - 89x89 - 90x90 - 91x91 - 92x92 - 93x93 - 94x94 - 95x95 - 96x96 - 97x97 - 98x98 - 99x99 - 100x100 - 101x101 - 102x102 - 103x103 - 104x104 - 105x105 - 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806x806 - 807x807 - 808x808 - 809x809 - 810x810 - 811x811 - 812x812 - 813x813 - 814x814 - 815x815 - 816x816 - 817x817 - 818x818 - 819x819 - 820x820 - 821x821 - 822x822 - 823x823 - 824x824 - 825x825 - 826x826 - 827x827 - 828x828 - 829x829 - 830x830 - 831x831 - 832x832 - 833x833 - 834x834 - 835x835 - 836x836 - 837x837 - 838x838 - 839x839 - 840x840 - 841x841 - 842x842 - 843x843 - 844x844 - 845x845 - 846x846 - 847x847 - 848x848 - 849x849 - 850x850 - 851x851 - 852x852 - 853x853 - 854x854 - 855x855 - 856x856 - 857x857 - 858x858 - 859x859 - 860x860 - 861x861 - 862x862 - 863x863 - 864x864 - 865x865 - 866x866 - 867x867 - 868x868 - 869x869 - 870x870 - 871x871 - 872x872 - 873x873 - 874x874 - 875x875 - 876x876 - 877x877 - 878x878 - 879x879 - 880x880 - 881x881 - 882x882 - 883x883 - 884x884 - 885x885 - 886x886 - 887x887 - 888x888 - 889x889 - 890x890 - 891x891 - 892x892 - 893x893 - 894x894 - 895x895 - 896x896 - 897x897 - 898x898 - 899x899 - 900x900 - 901x901 - 902x902 - 903x903 - 904x904 - 905x905 - 906x906 - 907x907 - 908x908 - 909x909 - 910x910 - 911x911 - 912x912 - 913x913 - 914x914 - 915x915 - 916x916 - 917x917 - 918x918 - 919x919 - 920x920 - 921x921 - 922x922 - 923x923 - 924x924 - 925x925 - 926x926 - 927x927 - 928x928 - 929x929 - 930x930 - 931x931 - 932x932 - 933x933 - 934x934 - 935x935 - 936x936 - 937x937 - 938x938 - 939x939 - 940x940 - 941x941 - 942x942 - 943x943 - 944x944 - 945x945 - 946x946 - 947x947 - 948x948 - 949x949 - 950x950 - 951x951 - 952x952 - 953x953 - 954x954 - 955x955 - 956x956 - 957x957 - 958x958 - 959x959 - 960x960 - 961x961 - 962x962 - 963x963 - 964x964 - 965x965 - 966x966 - 967x967 - 968x968 - 969x969 - 970x970 - 971x971 - 972x972 - 973x973 - 974x974 - 975x975 - 976x976 - 977x977 - 978x978 - 979x979 - 980x980 - 981x981 - 982x982 - 983x983 - 984x984 - 985x985 - 986x986 - 987x987 - 988x988 - 989x989 - 990x990 - 991x991 - 992x992 - 993x993 - 994x994 - 995x995 - 996x996 - 997x997 - 998x998 - 999x999 - 1000x1000</u>	

COMMUNITY HOSPITAL
TALLASSEE, ALABAMA 36078

RADIOLOGY DEPARTMENT REPORT

NAME: A [REDACTED] R [REDACTED] L
ROOM:
STAY TYPE: E/R
AGE: 12
FILM #: 48464
ADMIT: 10/10/05
DISCH DATE: 10/10/05
TRANS. DATE: 10/11/05
TRANS. TIME: 8:15
TRANS. INIT.: PM

ACCT NUMBER: 620424
MR NUMBER:
DOB: [REDACTED]
SEX: M
PHON: [REDACTED]
ORDERING PHY: FARAH MAHE
REFER PHY: WALKER MOI
F/C: XBI

Unsigned Transcriptions represent a preliminary report and do not represent a medical or legal document*

=>XRAY ORDER<= COMPLETE:10/10/05 1:17P CH 233
Reason For Procedure: HIT WITH STICK ON FRIDAY
FEMUR RT COMPLETE:10/10/05 1:17P CH 241
SHOULDER LT 2 VIEWS COMPLETE:10/10/05 1:17P CH 242
PELVIS SINGLE VIEW COMPLETE:10/10/05 1:17P CH 243

DICT: 10/11/05
TYPED: 10/11/05 PM

RIGHT FEMUR, TWO VIEWS DATED 10/10/05:

FINDINGS:

There are no bony, articular, or soft tissue abnormalities.

IMPRESSION: (1). NORMAL RIGHT FEMUR SERIES.

PELVIS XRAY DATED 10/10/05:

FINDINGS:

The pelvic ring is intact. The joint spaces are well maintained.
No sacral fracture is demonstrated.

IMPRESSION: (1). NORMAL PELVIS.

LEFT SHOULDER, TWO VIEWS DATED 10/10/05:

FINDINGS:

There is no fracture or dislocation. The AC joint is intact. The soft tissues are unremarkable.

IMPRESSION: (1). NORMAL LEFT SHOULDER SERIES.

Dictated by: KENNETH JOE RICHARDSON, M.D.

This report has been Electronically Signed:
KENNETH R RICHARDSON
M.D.

COMMUNITY HOSPITAL
TALLASSEE, ALABAMA 36078
RADIOLOGY DEPARTMENT REPORT

NAME: A [REDACTED] R [REDACTED] L
ROOM:
STAY TYPE: E/R
AGE: 12
FILM #: 48464
ADMIT: 10/10/05
DISCH DATE: 10/10/05
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TRANS. INIT.: PM

ACCT NUMBER: 620424
MR NUMBER: [REDACTED]
SEX: M
PHONE: 334/725/1556
ORDERING PHY: PARAH MAHER
REFER PHY: WALKER MOL
F/C: XB1

Unsigned Transcriptions represent a preliminary report and do not represent a medical or legal document

SIGNED: _____

Copy for: PARAH MAHER
Copy for: WALKER MOLLIE
Copy for: 066 MEDICAL RECORDS

via fax

~~_____~~

COMMUNITY HOSPITAL
Friendship Road
P. O. Box 707
Tallassee, Alabama 36078

PROPERTY OF
ALABAMA BUREAU OF INVESTIGATION

CONSENT TO PHOTOGRAPHS



620424 RM- F/T-E/R
M 12
P O BOX 830122 TUSKEGEE
PARAN NAME WALKER MOL
WALKER MOL 10/10/05

Patient's Name: _____

FURNISHED BY _____

I permit the hospital to take photographs or films of me during the course of my treatment as requested by _____.

These photographs may become a permanent part of my medical record.

I release the hospital, my doctor and all other persons caring for me or dealing with the photographs or films from all liability resulting from the taking and authorized use of the photographs and films.

Patient's Signature*

Date

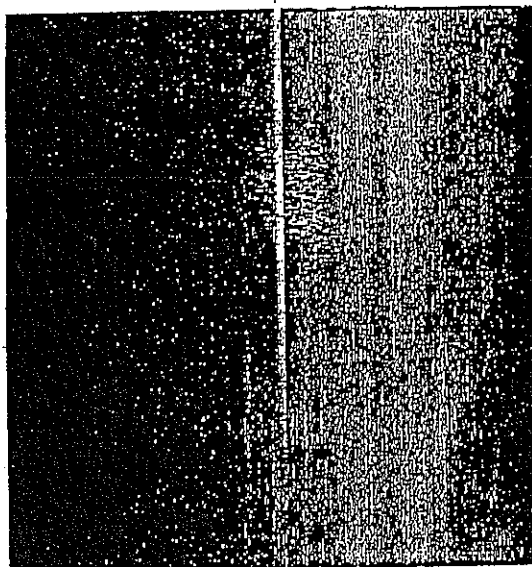
R. Carroll 10/10/05
Witness Date

*The patient is unable to consent because:

I therefore consent for the patient:

Stephani Arnold 10/10/05 mother 10/10/05
Signature Date Relationship to Patient Date

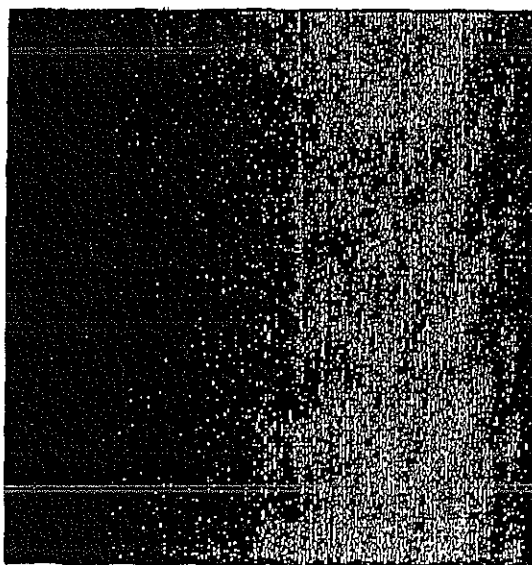
R. Carroll 10/10/05
Witness Date



PROPERTY OF
BUREAU OF INVESTIGATION

1
FINISHED BY

10/10/05
Rt. Lat. + high



10/10/05
Ltr Lat. hip area

~~_____~~

COMMUNITY HOSPITAL

805 FRIENDSHIP ROAD

TALLASSEE

AL 36078

RECORD OF ADMISSION

PATIENT NAME A. R. L.		ROOM NO.	HOSP. NO. 620941	ADDRESS LINE - 1 PO BOX 830122		ADDRESS LINE - 2	
AGE 12	BIRTHDATE	SEX M	BIRTHPLACE	CITY TUSKEGEE	STATE AL	ZIP CODE 36083	COUNTY CODE MA
SSAN	NATIONALITY B	CIVIL ST. S	MILITARY N	RELIGION	CHURCH	PATIENT TELEPHONE 334-725-1556	
NAME OF HUSBAND OR NAME OF WIFE			SPOUSE BIRTHPLACE		SPOUSE EMPLOYER NAME		
SPOUSE ADDRESS			SPOUSE EMPLOYER ADDRESS				
NAME OF FATHER		BIRTHPLACE		NAME OF MOTHER		BIRTHPLACE	
NAME		RELATIONSHIP		ADDRESS		TELEPHONE	
ARNOLD STEPHANIE		MOTHER		TUSKEGEE AL		334-725-1556	
PATIENT EMPLOYER NAME		EMPLOYER ADDRESS		EMPLOYER TELEPHONE		GUARANTOR OCCUPATION	
						NA	
GUARANTOR NAME		GUARANTOR TELEPHONE		HOSPITALIZATION INSURANCE			
ARNOLD STEPHANIE		334-725-1556		MEDICAID OF PATIENT			
GUARANTOR ADDRESS - 1		CITY					
PO BOX 830122		TUSKEGEE					
GUARANTOR ADDRESS - 2		STATE AL	ZIP CODE 36083	DATE	TIME	PLACE	EVENT
ADMITTING PHYSICIAN		CONSULTING PHYSICIAN	ADMITTING SERVICE	ADMITTING DIAGNOSIS			
WALKER MOL		WALKER MOL	X-RAY	LUMBAGO			
DATE LAST ADM.		PREV. ADM. NO.	ADMISSION DATE	TIME OF ADMISSION	INITIALS	DISCHARGE DN	
7/08/03		425888	10/14/05	11:17 AM	KE	10140	
FINANCIAL CLASS	MEDICAL RECORDS NUMBER	ADMISSION CODE	HOME	SHORT TERM HOSPITAL	SKILLED NURSING FACILITY	INTERMEDIATE CARE FACILITY	OTHER
XE1		31/EL PR	1				
PRINCIPAL DIAGNOSIS:				ADVANCE DIRECTIVE =			
SECONDARY DIAGNOSIS:				CODE			
PRINCIPAL OPERATION/DATE:							
SECONDARY OPERATIONS:							

Consultation With _____

Results: ☐ Recovered ☐ Improved ☐ Not Improved ☐ Not Treated ☐ Diagnosis Only ☐ Died ☐ Released Against AdviceCause of Death _____ Autopsy: ☐ Yes ☐ No

I have examined and approved this complete medical record on _____ 20 _____

Signed _____, Attending Physician

ADMISSION - SUMMARY SHEET

TALLASSEE, ALABAMA 36078

RADIOLOGY DEPARTMENT REPORT

NAME: A. RICHARDSON
ROOM:
STAY TYPE: O/P
AGE: 12
FILM #: 48464
ADMIT: 10/14/05
DISCH DATE: 10/14/05
TRANS. DATE: 10/17/05
TRANS. TIME: 9:08
TRANS. INIT.: PM

ACCT NUMBER: 620941
MR NUMBER: 011121
SEX: M
PHONE: 334/725/1556
ORDERING PHY: WALKER MOL
REFER PHY: WALKER MOI.
P/C: XB

FURNISHED BY

Unsigned Transcriptions represent a preliminary report and do not represent a medical or legal document

=>XRAY ORDER<= COMPLETE: 10/14/05 11:35A WS 610
Reason For Procedure: LOW BACK PAIN
LUMBAR AP & LAT COMP & OBLIQUE COMPLETE: 10/14/05 11:35A WS 611

DICT: 10/17/05
TYPED: 10/17/05 PM

LUMBAR SPINE, FIVE VIEWS DATED 10/14/05:

FINDINGS:

The vertebral bodies are of normal alignment. The disc spaces are well maintained. There is no fracture. The pedicles are intact.

IMPRESSION: (1). NORMAL LUMBAR SPINE SERIES.

Dictated by: KENNETH JOE RICHARDSON, M.D.

This report has been Electronically Signed:
KENNETH R RICHARDSON
M.D.

SIGNED: _____

Copy for: WALKER MOLLIE
Copy for: 066 MEDICAL RECORDS

via fax